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Bib Data Sheet

CONFIRMATION NO. 9376

<b>SERIAL NUMBER</b> 10/714,454	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 17116.003003
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/137,720 05/01/2002 PAT 6,932,475  
 which is a CIP of 09/634,487 08/08/2000 PAT 6,409,345  
 which is a CIP of PCT/US99/23327 10/07/1999  
 This application 10/714,454  
 is a CIP of PCT/US02/12141 04/16/2002  
 which claims benefit of 60/284,364 04/16/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UKRAINE 98105286 10/07/1998  
 UKRAINE 2002010001 01/02/2002  
 UKRAINE 2002107925 10/04/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 03/17/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

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**TITLE**

Method and device for determining refractive components and visual function of the eye for vision correction

<b>FILING FEE RECEIVED</b> 684	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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